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INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT PROGRAM OF ACTION

HON. JOSEPH CROWLEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, June 4, 2004

Mr. CROWLEY. Mr. Speaker, ten years ago, the United States joined with 178 other nations in endorsing the International Conference on Population and Development (ICPD) Program of Action. The ICPD Program of Action sets a series of quantitative social and health targets central to achieving development efforts and women's rights. Included under these broad goals are universal access to reproductive health care; education for all and closing the gender gap in education; eradication of sexually transmitted diseases like AIDS; and bringing women into mainstream development.

Many nations are implementing or attempting to implement the Program of Action. Success has not been easy or uniform, particularly in the world's least developed nations. A key concern is that expenditures for implementing family planning and reproductive health programs have fallen well short of the \$6 billion pledged by industrialized nations.

Last month, policymakers, opinion leaders, and practitioners from around the world gathered in Washington, DC, as part of the "Global Population Forum," hosted by Population Institute and Population 2005, to discuss the successes and obstacles to the implementation of the Program of Action. Out of these meetings, the Conference developed and adopted a statement, called the "Washington Declaration." This document reaffirms the importance of the ICPD Program of Action and challenges developing and developed nations alike to strive to meet the financial goals set out 10 years ago.

I ask unanimous consent that the Washington Declaration be printed in the RECORD.

DECLARATION

The Forum:

Reaffirms the principles, objectives and actions in the Program of Action (POA) of the International Conference on Population and Development as well as the Key Actions for Further Implementation of the Program adopted in 1999.

Recognizes that while much progress has been achieved in many countries in implementing the recommendations of the POA, progress has not been uniform and much needs to be done, particularly in the world's least developed countries.

Reiterates that achieving the ICPD goals is essential for the attainment of Millennium Development Goals (MDGs).

Stresses that a number of priority issues, programmatic constraints and emerging concerns in the areas of reproductive health, HIV/AIDS, migration, ageing, closing the resource gap, and strengthening partnerships need to be addressed urgently in the future, in particular, the following:

POPULATION AND DEVELOPMENT

Population growth continues to be high in many developing and especially least developed countries; in combination with poverty

and trends in urbanization, it is placing enormous stress on fresh water resources, threatening the sustainability of agriculture and worsening the quality of air through emission of green-house gases. As a matter of priority, concerned countries should further strengthen their population, gender, education, particularly for girls, reproductive health and sustainable development programs.

REPRODUCTIVE HEALTH

Despite praiseworthy efforts to achieve interim ICPD goals, the Forum 2004 cautions that significant gaps remain, notably in the provision of services supporting adolescent reproductive health, prevention and treatment services related to HIV/AIDS, combating the growing scourge of trafficking in women and children and gender-based violence, and addressing the increase in abortion rates, where contraception is unavailable or unaffordable.

When the POA was formulated in 1994, family planning represented an important component of many national population programs. Given the current large unmet needs for contraception of women, men and adolescents, as well as the limited availability of contraceptive commodities and supplies in many countries, family planning programs require continued attention.

Programs are urgently required to meet the growing needs of adolescents, including services that attend to their sexual health. Sadly, insufficient attention is being drawn to this important and sensitive issue. Also, adolescents should be directly involved in all decisions regarding their reproductive health and rights.

The Forum, moreover, laments the fact that program resource levels have fallen far below those set in 1994. The failure of many donors to fully meet their commitments has impacted negatively on programs in reproductive health in many countries of the world, particularly in the least developed countries and countries with economies in transition.

The Forum recommends an approach that would effectively:

Involve policymakers in program strategy development and in the creation of programs.

Seek to improve access to quality service delivery and care, and work to build infrastructure and capacities at the local level and in outlying rural areas, encouraging the growth of NGOs and other interested partners, and promoting the involvement and support of the private sector and of the media.

Mobilize youth to adopt and develop their own agendas, as is increasingly being done in efforts designed to empower women.

Shift from excessive concern with data and statistics to human issues having a "human face."

Support efforts by education authorities to incorporate sex education materials into ongoing teaching programs, while stressing that materials and approaches be developed and/or adapted by teachers, parents, and, most importantly, by youth.

As nations must increasingly resort to solving their population problems themselves, major concerns are those of committing adequate resources, setting priorities, and ensuring proper monitoring and evaluation of programs during their implementation.

Close the gaps, where apparent, between policymaking and program practice—for example, availability of services and contraceptives.

For donor countries, renew funding commitments consistent with the clearly articulated ICPD needs.

HIV/AIDS

The Forum noted with alarm that some 40 million people are currently infected with HIV/AIDS, that three million AIDS-infected persons are dying each year, and that an estimated five million new cases are being added annually to the total of those afflicted. In some regions, it is estimated that along with sex workers, intravenous drug users are a major source of infection to the larger society; but poverty, population mobility, gender inequality, rampant sexual transmitted infections (STIs) and high propensities for engaging in unprotected sex are the drivers of the current explosive epidemics in the most affected countries. One of the most affected groups is young people between the ages of 15 and 24.

The Forum recommends:

That the viability of any and all steps taken to combat the disease depends on funding—for prevention programs (to include everything from condoms and contraceptives to comprehensive sexual and transmittance education) to reduce the number of new infections, and for treatment for those 40 million persons already living with HIV/AIDS. For instance, funding at a level of \$10.5 billion, against current levels closer to \$4.3 billion, would save an estimated 29 million lives by the year 2010.

That funding must be directed to proven prevention, treatment, and coping methods, with consideration given to demographically targeted education programs that address the specific risks unique to different groups and geographies.

That special attention must be paid to the problems facing women, who suffer disproportionately from the disabilities and stigma of the disease, not to mention greater physiological vulnerability.

That the importance of initiatives dealing with the social side effects of HIV/AIDS, especially at the community level, cannot be forgotten. Orphans, decreased productivity, and food insecurity are but a few of the social side effects of HIV/AIDS—the disease must be addressed in all of its forms.

That greater efforts are made to provide the much-needed medical treatment—specifically, supplies of antiretrovirals—at universally affordable cost, while vigorous support is directed to research for an effective vaccine.

That funding towards treatment and prevention of HIV/AIDS should not have to come at the cost of sacrificing other ICPD and Millennium Development Goals; they must all be considered in the broader context of improving the quality of human life worldwide.

INTERNATIONAL MIGRATION

In the decade since Cairo, the number of international migrants has grown to some 175 million. Migration has become a priority issue for both developed and developing countries and for the international community as a whole. Also, since Cairo international migration has been the subject of a large number of regional and sub regional meetings covering all geographical regions. An ongoing independent Global Commission on International Migration is expected to provide the United Nations and interested stakeholders in 2005 with a set of recommendations on this major international concern.

The importance of this issue is further highlighted by the fact that the UN General Assembly will devote its 2006 high-level dialogue to an exploration of "the multidimensional aspects of international migration and development in order to identify appropriate ways and means to maximize its development benefits and minimize its negative impacts . . . and should have a strong focus

on policy issues including the challenge of achieving international agreed development goals."

In order to best build upon these encouraging developments the Forum:

Recommends that all involved parties make maximum efforts to ensure that due attention is paid to each of the following important migration issues: to increase knowledge about factors involved in migration and its implications, especially as they relate to poverty, family break-up, remittances, the brain drain, linkages to security concerns, to the aging phenomena in many countries, and to the health care needs, including the reproductive health and HIV/AIDS care needs of migrants and refugees;

Promotes cooperation among countries of origin, transit and destination for international migratory movements in order to enhance their positive effects and promote respect for the human rights of migrants and their families through compliance with the international instruments now in force; and

Urges the adoption of measures to prevent all forms of trafficking in persons and smuggling of migrants, including for purposes of sexual exploitation, especially women, girls and boys.

AGING

The Forum recognized the increasing urgency of aging as global issue and noted that in the next 50 years the number of elderly will rise from 600 million to two billion. Population aging affects not only the most developed regions, but also the wide range of developing countries. In response to the increasing proportion of elderly people, countries have adopted a wide variety of actions and measures, among others, to improving countries' social security systems, achieving better living arrangements, improving the self-reliance of the elderly, and delivering a wider range of services appropriate to the elderly populations.

Specific actions include the following:

National governments, international organizations and non-governmental organizations should help identify better the specific implications of the aging process.

Countries, non-governmental organizations and the international donor community should intensify their efforts to achieve the goals and objectives of the ICPD Program of Action in the area of aging.

The relevant UN organizations, in particular UNFPA, also should strengthen their efforts to help countries formulate and implement appropriate policies and programs on aging and to seek adequate resources.

CLOSING THE RESOURCE GAP

The Forum participants underscored that most of the constraints in implementing the POA are further exacerbated by the inadequacy of financial and other resources.

The Forum:

Recognizes that the HIV/AIDS pandemic and the spread of sexually transmitted infections are worsening in developing countries with limited resources to combat these continuing and lethal health crises.

Recognizes that economic constraints and shifting priorities have led to a reduction of levels of support for population and reproductive health programs from donor countries, reflected by a \$3 billion funding shortfall among these countries and that this gap is a major reason that greater progress has not been made.

Recognizes that developing countries are committing their own resources for population and reproductive health, demonstrating their view of the vital importance of these efforts.

Encourages policymakers and appropriate agencies at all government levels to review, revise, and update, as necessary, the re-

source needs and requirements of meeting these targets.

Calls upon governments, international agencies, foundations and the private sector to provide greater resources for information and services to prevent diagnose and treat STIs, particularly HIV/AIDS.

Calls upon developing countries to continue to expand their level of support and urge donor countries to increase their resources for implementing the Program of Action.

Also, urges the U.S. to resume funding to UNFPA.

STRENGTHENING PARTNERSHIPS

Recognizes the crucial role of non-governmental organizations, which often have taken the lead in both proving that there is a demand for population and reproductive health services and offering programs to deliver these services.

Recognizes that international organizations often engender a level of confidence, trust and sustained support that other providers of population and reproductive health services may not.

Calls upon governments to build and maintain partnerships with nongovernmental organizations and international organizations to both explore new opportunities and work toward constructive and innovative co-operative and complementary approaches to accelerating progress toward achieving the goals of the Program of Action.

COMMITMENT

In closing, all of us assembled here realize, at this halfway mark in the 20-year Program of Action, that the time has come for the international community to stand tall and remain resolute in its commitment to implement the Program of Action. We must turn the dream of Cairo into a full reality during the next decade by rededicating ourselves to implementing the Program of Action with renewed vigor, political solidarity and adequate resource commitments; this in turn will contribute to eradication of poverty and improvement of quality of life for all people. If we fail to do it, the ICPD POA will be swept into dustbins of history.

We, the Forum participants, unequivocally commit ourselves today the 14th May 2004 to supporting and implementing this Declaration.

FALLEN HEROES

SPEECH OF

HON. JACK KINGSTON

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 20, 2004

Mr. KINGSTON. Mr. Speaker, on this day of Memorial, I rise in honor of the soldiers and airmen in my district who were killed while fighting to stamp out the tyranny of terrorism in Iraq and Afghanistan. They died while protecting freedom and liberty—and for the hope of democracy. Their purpose was just, and we are deeply indebted to them. These brave soldiers were uniquely courageous—they gave the ultimate sacrifice for their country, and our Nation will forever honor them. Our thoughts and prayers are continually with their families and loved ones.

As a humble token of my appreciation, I recognize them and request that their names be submitted to the CONGRESSIONAL RECORD to demonstrate our permanent gratitude:

Captain Tristan N. Aitken, United States Army, age 31, from Savannah, GA, assigned

to the 1st Battalion, 41st Field Artillery. He died on April 4, 2003.

Captain Edward J. Korn, United States Army, age 31, from Savannah, GA, assigned to 2nd Armored Tank Battalion, Fort Knox, KY. He died on April 3, 2003.

Sergeant First Class Wilbert Davis, United States Army, age 40, from Hinesville, GA, assigned to 3rd Battalion, 69th Armor, 3rd Infantry Division. He died on April 3, 2003.

Sergeant First Class Ricky L. Crockett, United States Army, age 38, from Broxton, GA, assigned to Company D, 51st Signal Battalion, 35th Signal Brigade. He died on January 12, 2004.

Staff Sergeant Nathaniel Hart Jr., United States Army, Age 29, from Valdosta, GA, assigned to the 416th Transportation Company, 260th Quartermaster Battalion. He died on July 28, 2003.

Technical Sergeant Bruce E. Brown, United States Air Force, age 32, from Coatopa, AL, assigned to Robins at 78th Air Base Wing Logistics Readiness Squadron. He died on September 3, 2003.

Sergeant David T. Nutt, United States Army, age 32, from Blackshear, GA, assigned to the 494th Transportation Company. He died on May 14, 2003.

Specialist Christopher J. Holland, United States Army, age 26, from Brunswick, GA, assigned to Battery A, 4th Battalion, 27th Field Artillery Regiment, 1st Armored Division. He died on December 17, 2003.

Private Benjamin L. Freeman, age 19, from Valdosta, GA, assigned to K Troop, 3rd Squadron, 3rd Armored Cavalry Regiment. He died on October 13, 2003.

Senior Airman Jason Cunningham, age 26, from Camarillo, CA, Pararescueman, 38th Rescue Squadron, Moody AFB. He died March 5, 2002.

Lt. Col. John Stein, age 39, from Bardolph, IL, HH-60 pilot, 41st Rescue Squadron, Moody AFB. He died on March 23, 2003.

1st Lt. Tamara Archuleta, age 23, from Los Lunas, NM, HH-60 Copilot, 41st RQS, Moody AFB. Lt. Archuleta died on March 23, 2003.

Staff Sgt. John Teal, age 29, from Dallas, TX, HH-60 Flight Engineer, 41st RQS, Moody AFB. He died on March 23, 2003.

Staff Sgt. Jason Hicks, age 25, from Jefferson, SC, HH-60 Flight Engineer, 41th RQS, Moody AFB. He died on March 23, 2003.

Master Sgt. Michael Maltz, Pararescueman, age 42, from St. Petersburg, FL, 38th RQS, Moody AFB. He died on March 23, 2003.

Senior Airman Jason Plite, Pararescueman, age 21, from Lansing, MI, 38th RQS, Moody AFB. He died on March 23, 2003.

Specialist Edward John Anguiano, United States Army, age 24, from Brownsville, TX, Fort Stewart. He died on March 23, 2003.

Specialist Gregory Paul Sanders, United States Army, age 19, from Hobart, IN, Fort Stewart. He died on March 24, 2003.

Sergeant Roderic Antoine Solomon, United States Army, age 32, from Fayetteville, NC, Fort Stewart. He died on March 28, 2003.

Private First Class Michael Russell Creighton-Weldon, United States Army, age 20, from Palm Bay, FL, Fort Stewart. He died on March 29, 2003.

Corporal Michael Edward Curtin, United States Army, age 23, from Howell, NJ, Fort Stewart. He died on March 29, 2003.

Private First Class Diego Fernando Rincon, United States Army, age 19, from Conyers, GA, Fort Stewart. He died on March 29, 2003.